



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>35 Petroleum</b>			<b>0642 Winnett K-12 Schools</b>		<b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	2126	No	Nunn, Jennifer	6.75	_____
1	2127	No	Browning, Sarah	1.50	_____
1	2128	No	Browning, Karen	16.50	_____
1	2129	No	Kerrick, Jolie L	15.00	_____
1	2130	No	Kerrick, Jolie L	6.75	_____
1	2131	No	Carrell, Stacey	0.50	_____
1	2132	No	King, Gari R	2.50	_____
1	2133	No	Manuel, Bonnie	1.25	_____
1	2134	No	Chamberlin, Gerri A	5.00	_____